

Impartial Hearing Officer (IHO) Invoice - Nonstate Employee

Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04 (1)(m)].

For (Activity/Appellant Name)		Date(s) of Activity	
PREPATORY WORK	\$52.00	X	\$
PRE-HEARING INTERVIEW (With Resolution)	\$309.00	X	\$
(Without Resolution)	\$289.00	X	\$
IMPARTIAL HEARING	\$515.00	X	\$
CANCELLATION WITHIN 24 HOURS	\$135.00	X	\$
TRAINING (Minimum of 4 Hours)	\$21.00	X	\$
ANNUAL RETAINER FEE	\$415.00	X	\$
MEDIATION (Person to Person Contact)	\$42.00	X	\$
TRAVEL TIME (For actual "behind the wheel" time in excess of 30 minutes)	\$21.00	X	\$
CHAIRPERSON (Coordination issues for IHOs)	\$42.00	X	\$
SUBTOTAL			\$

EXPENSES

TOTAL MILES					X	\$0.325	\$
	From		To		And Return	(Miles)	
	From		To		And Return	(Miles)	
PARKING *							\$
BREAKFAST @ \$8.00 maximum (depart prior to 6:00 a.m.)							\$
LUNCH @ \$9.00 maximum (depart prior to 10:30 a.m. / return after 2:30 p.m.)							\$
DINNER @ \$17.00 maximum (return after 7:00 p.m.)							\$
ROOM * @ \$62.00 maximum (per night)							\$
POSTAGE *							\$
TELEPHONE *							\$
OTHER * (Please Itemize)							\$
							\$
							\$
(* Please attach receipts)						SUBTOTAL	\$
						TOTAL	\$

Hearing Officer Name (Please Print)

Hearing Officer Signature	Date Signed
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Please return completed form to: DVR Hearing Coordinator
PO Box 7852
Madison, WI 53707-7852